2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2011
Secretary of State

DOCUMENT# P10000055509

Entity Name: OMEGA INSURANCE HOLDINGS, INC.

Current Principal Place of Business:

7201 NW 11TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

7201 NW 11TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 27-3003250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWE, SCOTT P
7201 NW 11TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: WINSTON, JAMES H
Address: 601 RIVERSIDE AVE SUITE 619
City-St-Zip: JACKSONVILLE, FL 32204

Title: PCEO
Name: SHIVELY, WILLIAM J
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: VPS
Name: CURRAN, JOEL
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: DCOO
Name: MATZ, DONALD C JR
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: MEENAN, TIMOTHY J
Address: 204 S MONROE ST PO BOX 11068
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPT
Name: BENSON, KEYTON
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD C. MATZ, JR. COO 03/02/2011

Electronic Signature of Signing Officer or Director Date